

The First of July marked the 43rd anniversary of one of the greatest domestic policy achievements in America since World War II: the enactment of Medicare. Today, when Medicare is such an integral part of so many lives, it is hard to imagine how bitterly it was opposed.

As many Americans have experienced since its enactment, Medicare has been an outstanding success that has brought health care to generations of senior citizens. But the truth is that Medicare has to change to survive, to bring the same benefits to the next generation of seniors that it has already brought to so many. Medicare has to become more efficient-while keeping the qualities that have made it so irreplaceable for millions.

Improving Medicare should involve rewarding coordinated care-meaning that doctors in different specialties or at different hospitals should have incentives to share information on patients, helping them get the best quality of treatment. It's also important that doctors have the right incentives to continue treating patients as they move from private insurance to Medicare. And we need to reduce the wasted Medicare dollars we lose in the form of inaccurate payments and overpayments to private plans.

Finally, a big Medicare reform seen recently in the news was President Obama's announcement last month of a deal to close the notorious Medicare Part D 'donut hole.' That hole in coverage has left seniors who have between \$2,700 and \$6,100 per year in prescription drug expenses without Medicare support-and it has, in the words the President, placed 'a crushing burden on many older Americans who live on fixed incomes.' But now, as part of the bigger project to reform healthcare, we have a chance to close that hole and relieve that burden.

Moving forward, improving Medicare will be a part of overall efforts to fix what is broken with our health care system while building on what works. If you want to know what health care reform can look like, just remember these four words: choice, affordability, quality, and access.

Patient Choice. Every American deserves his or her choice of insurance plan and doctor-and right now, that's a choice that too many of us lack. But we can expand choice by building on the system of employer-sponsored care that we have right now. President Obama has been very clear: 'If you like your doctor, you can keep your doctor.'

Affordability. The cost of health care is eating up more of our personal budgets, and our national budget, every year; we must bring it under control. Expanding coverage can widen the

insurance pool and bring costs down. But we also need to sponsor research into the best treatments and help doctors share and access medical records from any computer-both steps that will bring down costs.

Quality Care. We believe that the same measures that will bring down costs can also result in better health care for all of us. For instance, electronic records will mean fewer deadly errors, and research on health outcomes will help you and your doctor decide on the most effective courses of treatment.

Access. The 45 million uninsured Americans live sicker and shorter lives-and if that weren't enough reason to act, they often are forced to let chronic problems fester, meaning that we all end up paying to subsidize their care in ERs. We want stronger private and public coverage so that all Americans can afford health care.

Those are the principles that will guide us in our efforts to reform health care so that it works better for more Americans. And our objective is a country in which no one will ever have coverage denied because of pre-existing conditions or because of companies that put profits ahead of people; a country in which no one will ever have to make a life or job decision out of fear of losing medical coverage; a country in which no one will ever again suffer financial disaster because they had the bad luck to get sick.

We know what the doubters and critics will say. They'll say that it can never be done-or that this isn't the time. But that is exactly what they said about Medicare. They were wrong then-and they are wrong now.